

**U.S. Department of Justice  
United States Marshals Service**
**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF United States of America	COURT CASE NUMBER CV 07-6162 BZ
DEFENDANT Vessel appurtenances, in rem	TYPE OF PROCESS Arrest Warrant, Complaint, etc.

**SERVE**

**AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Henry Ryan, Substitute Custodian, c/o U.S. Maritime Administration, (415) 744-2577

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

201 Mission Street, Suite 1800, San Francisco, CA 94105

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Jeanne M. Franken, Trial Attorney  
USDOJ/Torts Branch/Civil Division  
450 Golden Gate Avenue, Room 7-5395  
P.O. Box 36028  
San Francisco, CA 94102

Number of process to be  
served with this Form - 285

1

Number of parties to be  
served in this case

1 party at 2 locations

Check for service  
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service):  
Fold

Arrest defendant appurtenances, in rem, at the Marad offices in San Francisco. Please contact Henry Ryan, the Substitute Custodian, at (415) 744-2577, to arrange the arrest and turnover at each location.

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER  
(415) 436-6644

DATE  
03/17/2008

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 11	District to Serve No. 11	Signature of Authorized USMS Deputy or Clerk 	Date 3/17/08
I hereby certify and return that I <input checked="" type="checkbox"/> have personally served, legal evidence of service <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)					

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service  
03/18/08  
Time  
10<sup>00</sup>  
☒ am  
☐ pm

Signature of U.S. Marshal or Deputy  

Service Fee \$45 <sup>00</sup>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount or Refund
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REMARKS: